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Illinois Coalition for Immigrant and Refugee Rights

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TO: Office of the Governor of the State of Illinois

RE: Path to Transformation Medicaid Waiver under the Centers for Medicare and Medicaid Services waiver authority, Section 1115 of the Social Security Act

The Illinois Coalition for Immigrant and Refugee Rights (ICIRR) appreciates the opportunity to comment on the State of Illinois' application for an 1115 Medicaid Waiver to overhaul the current state Medicaid system. In reading the Draft Waiver, ICIRR supports the overarching goal of making health care delivery more accessible, with increased focus on community based options, innovation in reaching underserved populations and increased support for important safety-net institutions, such as the Cook County Health and Hospital System as well as federally qualified health centers.

ICIRR wants to take this opportunity, however, to draw attention to some important barriers to accessing health care that have been not been addressed in this application. There is little mention in the Waiver of the cultural and situational diversity for those accessing the health care system and therefore it lacks a clear concept of how the State will tailor delivery systems to take into account culture, language, obstacles of stigma and fear and medical education for community members. We are troubled by the lack of details. Nowhere in the draft are provisions explicitly made for the thousands of individuals, both current Medicaid recipients as well as those newly eligible, who are Limited English Proficiency individuals. If the "Triple Aim" envisioned in the State Health Care Innovation Plan is truly to be achieved in line with the goals of the Waiver, language access, including translation and medical interpretation, multilingual outreach, cultural competency training

and community-based health care education, must be a central focus in all “four pathways to transformation”.

It is also paramount that the State, when implementing changes to Medicaid, avoids the mistaken perception that with the expansion of Medicaid, there will be less of a need for services to care for those who continue to be ineligible for Medicaid or other federally-funded services.

***Pathway 1: Transform the Health Care Delivery System***

**Page 10 -** In holding “integrated delivery systems” accountable for both outcomes with individual patients as well as overall patient population, it concerns us that this will harm funding to organizations who expand, after the Waiver transformation, into areas with a high density of medical need as it will lower statistical success at the outset of expansion. The State should clarify with more detail and ensure that there are added incentives for expanding health care access points, during the lifetime of this waiver and beyond, into underserved areas.

**Page 11 -** There is a danger that those community organizations and health systems that serve the unstably housed and other populations that are not easy to follow up with or track with consistent personal information will lose funding by continuing to work with these populations. The State should update this application in order to make clear the dedicated funding streams to organizations who continue to rely on reimbursement per service rendered in lieu of being able to follow up with more transitory patients.

**Page 11 -** In the creation of “connective technology” amongst integrated service providers, the State must go beyond “training programs for staff involved in…client record monitoring” and establish strict oversight to ensure patient records are protected and are not used to compromise medical privacy or to target individuals to receive care they do not need or understand.

**Page 11 –** In the creation of the Innovation and Transformation Resource Center, the State should stipulate that this entity connect with community organizations to ensure outreach is promoted and supported for hard to reach populations and serve as a focal point between integrated delivery systems and these community based organizations.

**Page 14 -** We appreciate the goal of expanding CCHHS “hubs” into underserved areas as well as a revamping of the referral system. The State should ensure that this referral system include a mandatory and quick transfer of

medical records between health care service groups to ensure that tests aren't duplicated and patients aren't waiting unduly to receive correct treatment.

**Page 20 -** Though the Waiver seeks to reduce the reliance on institutions and therefore incentivizes the closure of nursing homes and hospitals, the State must protect both necessary long-term care and safety-net hospitals in underserved areas and to provide such incentives only where there is clear and quantifiable access to care for local residents within community and home based services.

***Pathway 2: Build Capacity of the Health Care System for Population Health Management***

**Page 22 -** We support the premium add-on payment for plans that focus on population health interventions. Built into this plan, the State should require the Regional Hubs have a language capacity requirement, based on localized needs assessments, in regards to serving as a resource to health departments, local providers and plans.

**Page 22 –** Community based providers will be a central player in this transformation. In support of this goal, it is essential that the State clearly establishes training support, technology upgrades and staff development programs to bring these organizations all to a high standard of care and outreach.

**Page 22 –** As immigrant communities increasingly live in suburbs and are therefore further away from services, we urge the State to allocate resources to help community organizations spread their services more widely. This would require support for transportation costs, office space, technology and more efficient manners of connecting with local health entities.

***Pathway 3: 21st Century Health Care Workforce***

**Page 23 -** ICIRR is a strong proponent of building a health care workforce that is well trained, are paid a living wage with labor protections, and reflects the diversity of the communities of Illinois. In a state with 1.75 million immigrants and the fifth largest Limited English Proficient population in the country, it is imperative that the State ensure that all of the proposed steps supporting modernizing, expanding and shaping the health care work force have training options in other languages and with diverse cultural competency.

**Page 25 -** In order to "create capacity to serve underserved communities", as the State outlines as a goal, the State should be building its investment in workforce-development in such communities as well as encourages bilingual educational opportunities.

**Page 26 -** Community Health Workers will be an essential classification of workers in order to promote cultural sensitivity and linguistic diversity in health care delivery. Within the Medicaid Graduate Medical Education, there should be stipulated coordination between community colleges training community health workers and GME programs.

**Page 28** The State should add cultural competence to the required competencies for the written curricula of these GMEs.

***Pathway 4: LTSS Infrastructure, Choice and Coordination***

**Page 30 -** In the consolidation of current waivers, it is essential that any changes to existing programs be explained to current enrollees in their own language by culturally competent staff. For many ICIRR's member organizations, it has taken years to build trust and enroll members of the community in these programs and the Community Based Organizations (CBOs) must be a central point of entry in aiding these individuals transition and receive the care they need. Training must be formalized for community organizations on explaining these changes.

**Page 9 -** The State should add to the Long Term Services and Supports (LTSS) "Translation and Medical Interpretation services". One of the most onerous barriers to successful and cost-effective long-term care is the disconnect between a medical professional's explanation and the ability of a patient to understand complex regimens and medical follow-up.

**Page 33 -** In the creation of the "Universal Assessment Tool" (UAT), this tool must be utilized in conjunction with medical interpretation in order to truly quantify the needs of community members who do not speak English proficiently.

**Page 40 -** ICIRR strongly supports an increase in funding for supportive housing and employment and suggest that this be made available for all residents who qualify based on income and health needs.

ICIRR looks forward to continuing to engage with the State as well as other stakeholders on improving access to health care in Illinois and doing so in a manner that truly reflects the needs of our diverse communities. ICIRR asks the State to revise the Draft Waiver to address these issues and we encourage the State to continue to engage with stakeholders in the ongoing conversation with CMS.

Sincerely,
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